Socio-economic factors associated with adolescent pregnancy and motherhood:
Analysis of the 2017 Ghana maternal health survey

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Background

Adolescent pregnancy

- Is a known contributing factor to the global maternal mortality rate
- Which is due to the high incidence of unsafe abortion practices among adolescents [1,2]

In Ghana

- \(~14\%\) of adolescent between 15 -19 years had childbearing [3]
- Adolescent pregnancy contributes \(~9\%\) of maternal mortality [4]
Background

Aim of the study

- To assess the association of socio-economic factors with adolescent pregnancy and motherhood in Ghana

Understanding both the **social and economic influences** of these variables are vital for effective policy formulations [5]
Methods

DATA USED

2010 Ghana Population & Housing Census (PHC)

2017 Ghana Maternal Health Survey (GHMS)

Sampling frame [3]

Ghana Statistical Service

SURVEY SAMPLING TECHNIQUE

2-stage stratification

1. Interstratification stage

Separated 10 regions of Ghana

Urban areas

Rural areas

20 sampling strata
Methods

2. Independent selection in each stratum

2-stage stratification

STAGE ONE

A. Sorted administrative generated strata & levels

- Implicit stratification
- Proportional allocation before sample selection

B. Probability sampling technique

900 enumeration areas (all regions)

Cluster size produced

Urban areas: 466
Rural areas: 434

900 enumeration areas
STAGE TWO

Random sampling → 30 household from each cluster

900 clusters

27000 households (total)

25062 women (92.8%)
Aged 15-49 years
Results and Conclusions

27000 households (total)

Women aged ≥20 years
20277 (80.9%)

Adolescents aged 15-19 years
4785 (19.1%)

Adolescents aged 15-19 years
4785 (19.1%)

Ever pregnant
701 (14.6%)
(CI: 13.2-16.1%)

Ever had live birth
566 (11.8%)
(CI: 10.5-13.1%)
The odds of adolescent pregnancy and motherhood were significantly higher:

- In the Middle and Coastal zones of residence \((p<0.001)\)
- Among older adolescents \((p<0.001)\)
Results and Conclusions

The odds of pregnancy and motherhood was significantly lower among adolescents

• From households with the highest wealth index ($p<0.001$)
• Who were never married ($p<0.001$)
• Who had secondary/higher education ($p<0.001$)
Results and Conclusions

**Sexual and reproductive health education** should be intensified among adolescent populations

**Adolescent-friendly corners** should be made available and accessible to all adolescents in Ghana
Process and challenges

Person requesting data should **first register** as a **DHS data user** before data download.

Detailing the **purpose of the data request** should be clearly provided.

**Dataset access** is only granted for **legitimate research purposes**.

It is emphasised for the **requested data to only be used for the purpose of the research or study**.
Process and challenges

A new research project request should be submitted when requesting that the same or different data, for another purpose, be used.

The DHS Program will normally review all data requests within 24 – 48 hours.

DHS provide notification if access has been granted or additional project information is needed, before data be accessed.

Challenge from this analysis was the use of secondary data.


3. Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF. Ghana maternal health survey 2017. Accra, Ghana: GSS, GHS, and ICF. 2018


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MEDAASE!!!!
THANK YOU!!!!
MERCI!!!!